

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>91664186</b>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		2					54				
5		2					55				
6	1						56				
7	1						57				
8		1					58				
9		1					59				
10		1					60				
11	Cancel						61				
12							62				
13							63				
14							64				
15							65				
16							66				
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18							68				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	9						TOTAL DEP.				
TOTAL CLAIMS	12						TOTAL CLAIMS				